



**North Carolina Department of Health and Human Services
Division of Facility Services ■ Adult Care Licensure Section**

Tel 919-855-3765 ■ Fax 919-733-9379 ■

2708 Mail Service Center ■ Raleigh, North Carolina 27699-2708

Michael F. Easley, Governor

Carmen Hooker Odom, Secretary

James B. Upchurch, Jr., Chief

ASSISTED LIVING ADMINISTRATOR CERTIFICATION RENEWAL

NAME: _____

MAILING ADDRESS: _____

FACILITY WHERE CURRENTLY ADMINISTRATOR (if applicable): _____

NUMBER OF CE HOURS REQUIRED FOR YOUR CERTIFICATION RENEWAL: _____

NUMBER OF DOCUMENTED CE HOURS OBTAINED: _____

ARE THE FOLLOWING DOCUMENTS OR COPIES SUBMITTED WITH THIS APPLICATION? (Circle)

CERTIFICATES OF CONTINUING EDUCATION ATTENDANCE/COMPLETION: Yes No

If no, please explain: _____

LETTER OF CERTIFICATION INDICATING HOURS NEEDED FOR RENEWAL: Yes No

If no, please explain: _____

I certify that I have submitted true and accurate information for my administrator certification renewal and understand that submission of false information may be grounds for action against my administrator certification.

Signature _____ Date _____

